

STATE OF ILLINOIS
TWENTY SECOND JUDICIAL CIRCUIT OF MCHENRY COUNTY

Americans with Disabilities Act
Grievance Form

Date: _____

Name of grievant: _____

Address: _____

Daytime Phone Number: _____ E-mail: _____

Type of accommodation requested: _____

Description of the alleged violation (please be specific): _____

Please send a copy of the completed grievance form to:

Court Disability Coordinator
Twenty Second Judicial Circuit
2200 N. Seminary Avenue, Suite 355
Woodstock, IL 60098

Or by e-mail to: courtadmin@co.mchenry.il.us

Phone: 815-334-4385 Fax: 815-338-0248

Signature: _____

Print Name: _____

Date: _____

EXHIBIT C